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ABSTRACT

Fifty-nine educable mentally retarded (EMR) students and 330 nonhandicapped high school students from mainstream classes completed semantic differential ratings of a stereotypic Popular Teenager, Juvenile Delinquent, and Special Education Student. Ss also rated their global self concepts and situation specific self concepts within the mainstream and the special class settings. Ratings were done at the beginning (Time 1) and the end (Time 2) of a semester. Results showed that mainstream classes did not delabel EMR students. Within the mainstream class, the number of EMR students who saw themselves as similar to a special education student significantly increased over time. Moreover, at Time 2, EMR students were more likely to think of themselves as similar to a special education student in their mainstream class than in their special education class. However, EMR students' global self concepts did not change. (Author/SB)

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Self-labeling by EMR High School Students in their Mainstream and Special Education Classes

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Abstract

EMR students and nonhandicapped students from their mainstream classes completed semantic differential ratings of a stereotypic Popular Teenager, Juvenile Delinquent, and Special Education Student. Subjects also rated their global self-concepts and situation-specific self-concepts within the mainstream and the special class settings. Ratings were done at the beginning (Time 1) and the end (Time 2) of a semester. Results showed that mainstream classes did not "de-label" EMR students. Within the mainstream class, the number of EMR students who saw themselves as similar to a special education student significantly increased over time. Moreover, at Time 2, EMR students were more likely to think of themselves as similar to a special education student in their mainstream class than in their special education class. However, EMR subjects' global self-concepts did not change. Implications for mainstreaming are discussed.

Self-labeling by EMR High School Students in their Mainstream and Special Education Classes

Current educational policy has shifted away from educating handicapped students in self-contained special classrooms in favor of mainstreaming these students into classrooms with their non-handicapped peers. The presumed benefits of mainstreaming for handicapped students include greater academic achievement, greater peer acceptance, and improved self-concept. However, the empirical evidence for these outcomes has been unclear, with methodological weaknesses, conflicting findings, and limited samples restricting the conclusions that can be drawn (Zigler & Meunchow, 1979; Corman & Gottlieb, 1978). Thus, the success or failure of mainstreaming for particular handicapped children remains an open question.

Some concern for the self-concepts of handicapped children in special class placements is derived from labeling theory (see MacMillan, 1977, and Guskin, 1978 for reviews). According to this interpretation, handicapped children are formally labeled through social processes such as diagnostic assessment, case conferences with parents, and placements in special classes. Theoretically, once children have been so labeled, significant others in their environment will react to them as deviant individuals and they, in turn, will adopt that view of themselves. Since deviant self-labeling is thought to have a negative impact on behavior (including academic achievement), one important goal of mainstreaming is to "de-label" handicapped children. It is hoped that integrating handicapped children into mainstream classes will reduce the extent to which they see themselves as "deviants."

The research evidence concerning the effects of mainstreaming on self-concept is conflicting (Corman & Gottlieb, 1978; Zigler & Meunchow, 1979). Some studies have found that mainstreamed students have more favorable self-concepts than

nonmainstreamed children (e.g., Carroll, 1967; Meyerowitz, 1962). Other studies have found the reverse (Schurr, Towne & Joiner, 1972). In part, the conflicting pattern of results can be traced to conceptual confusions within self-concept research. In particular, studies have blurred the distinction between global and situation-specific levels of self-concept as well as the distinction between self-esteem and self-labeling.

Much theory and research suggests that self-concept should be thought of as a hierarchy of multiple identities (Rosenberg, 1979; Stryker, 1968). If so, then social labeling processes might affect only some identities within an individual's self-concept hierarchy. For example, mainstreaming might affect the way an adolescent viewed herself as a student in the school setting, but not the way she viewed herself as a worker on the job. The effects of mainstreaming on global self-concept and behavior would depend on whether the student identity is of high or low salience to the individual (Rosenberg, 1979; Stryker, 1968). Consistent with this hypothesis, Ribner (1978) found that minimally brain damaged mainstreamed students did not differ from their non-mainstreamed peers in their global self-evaluations. However, the mainstreamed students rated themselves as less competent in the specific domain of academics. Thus, the effects of mainstreaming on self-concept must be considered at both global and situation-specific levels. One source of the conflicting findings described above is that some studies assess global self-concept while others assess more specific levels (Schurr et al., 1972).

A second major limitation of previous research has been an overly narrow focus on self-esteem rather than on the content of self-concept or self-labeling. Most studies assume that deviant self-labeling will automatically result in lower self-esteem. However, self-esteem (as the evaluative dimension of self-concept) is theoretically separate from the content of self-concept, which

is more relevant to labeling theory (Rosenberg, 1979). For example, a boy could label himself a juvenile delinquent (the content dimension) with either high or low self-esteem. He might view himself as a successful, skillful delinquent and have high self-esteem in that role. Alternatively, he could feel incompetent, bad, and unsuccessful. For labeling theory, the important question is whether individuals adopt their deviant labels. To study labeling effects, self-descriptions should be assessed in relation to stereotypic social role labels (Chassin, Eason, and Young, in press).

Empirical studies have found that labeling effects on the content of self-concept are complex. First, substantial proportions of labeled individuals reject their deviant labels (Lofland, 1969; Lemert, 1951; Jones, 1972; Chassin, Presson, Young, & Light, in press). Second, an individual's own definition of his/her label may not be in agreement with the stereotypes of the larger society. Chassin, Presson, Young, and Light (in press) found that deviant adolescents identified with their own definition of their label to a greater degree than with the (more negative) definitions of their normal peers. The fact that individuals may reject their labels or identify with relatively positive versions of their labels suggests that the impact of deviant labeling processes on self-concept and behavior may not be as negative as previously hypothesized.

The current study is concerned with self-labeling by integrated EMR high school students in their mainstream and special class settings. The extent to which special education students adopt a "special education student" self-label has not been determined. Furthermore, whether mainstreaming removes labeling effects on self-concept is not known. The current study investigated these questions both with respect to global self-labels and situation specific self-labels within the mainstream and special class settings. As a secondary

goal, the study provided descriptive data concerning the stereotype of a special education student as seen by nonhandicapped and EMR students. Measures were administered at the beginning and the end of a semester so that changes in self-perceptions and stereotypes could be assessed.

Method

Subjects. Subjects were 59 EMR public high school students who were integrated for 1 or 2 class periods each day and 330 nonhandicapped students from these mainstream classes. A class was considered to be mainstream if the majority of students represented an average cross-section of the school's population. These classes included wood shop, physical education, auto mechanics, foods, safety education, child development, life science, beginning clothing, and art. All EMR students had previous experience with mainstreaming and thus the study did not assess the impact of a student's first mainstreaming experience.

Subjects attended 3 southwestern and 4 midwestern high schools which drew from middle and working class districts. The only demographic difference between the regional samples was that the southwestern sample had more Hispanic students in both the EMR and control groups. The total EMR and control groups did not differ on sex (control group 44% males, EMR group 49% male). Both groups were predominantly white although the EMR group had more minority group students (control group 87% white, EMR group 71% white). EMR students were evenly distributed over grades 9 to 12. The control group had subjects from each of these grades but was predominantly 9th and 10th graders.

Procedure. Subjects used a semantic differential instrument to rate the following concepts: Me, ME IN THIS CLASS, A POPULAR TEENAGER, A JUVENILE DELINQUENT, A SPECIAL EDUCATION STUDENT, A FOOTBALL PLAYER, AND AN HONORS STUDENT.[1] (The latter two labels helped disguise the focus of the study and these scales

were not analyzed). The semantic differential used 13 bipolar adjective pairs presented in Table 1. As Burke and Tully (1977) recommend, adjectives were selected on the basis of pilot testing with adolescent subjects as being most important in distinguishing among the three social role labels (Popular Teenager, Juvenile Delinquent and Special Education Student). Subjects indicated the amount of contact they had with each kind of teenager (Popular teenager, Juvenile Delinquent, etc.) on a four point scale ranging from very much to none at all. Finally, subjects completed the Rosenberg-Simmons Self-esteem scale (see Rosenberg, 1979). This 6 item Guttman scale has a coefficient of reproducability of 90% and a coefficient of scalability of 65% obtained with a sample of 1,788 black and white schoolchildren in grades 3-12.

The questionnaire was group administered with research assistants providing help to subjects as needed. For each label, a one-sentence description was provided to give a more "objective" definition than the label alone (Guskin, 1978; i.e., "Popular teenagers are teenagers who have lots of friends and who everybody looks up to; Juvenile Delinquents are teenagers who break the law and are always getting into trouble; Special Education Students are teenagers who have a lot of trouble doing their school work and need special classes.") Subjects were told that their responses would be kept confidential and that the research was intended to "find out what teenagers think about themselves and about the kind of kids they meet in school."

EMR students responded to the questionnaire in both their mainstream and their special education classes.[2] Thus, unlike most previous research, the current study compared self-ratings of the same subjects in two class settings.

The questionnaire was given at the beginning and the end of a school semester (Time 1 and Time 2). At Time 2, 82.7% of the control subjects and 83% of the

EMR subjects were re-tested. Subjects lost due to attrition (because of absenteeism or school withdrawal) were comapred with the rest of the sample and did not differ meaningfully. The data from all subjects were used in the cross-sectional Time 1 analyses but only subjects who had both Time 1 and Time 2 data were included in the longitudinal analyses.

Self-concept analyses. To see whether EMR students thought of themselves as similar to a special education student label, the current study used a technique proposed by Burke & Tully (1977). Discriminant function analyses were applied to subjects' ratings of the labels, defining a multivariate stereotype for each label. The discriminant functions were then used to classify profiles of self-ratings as closest to either a Popular, A Delinquent, or a Special Education label. The theoretical and methodological advantages of this technique are described elsewhere (Burke & Tully, 1977).

Self-concepts were classified in two ways. First, self-concepts were classified by the control group's discriminant functions. This analysis determined whether EMR students saw themselves as similar to a special education label according to the definitions of their nonhandicapped peers. Peers are an important influence on the self-concepts of adolescents (Hackler, 1971; Schwartz & Baden, 1973). If EMR students are labeled by their peers, then their peers' definitions of the labels would be communicated to the EMR students and be incorporated into their self-concepts. This type of labeling effect is measured by this first analysis. However, an alternative possibility is that individuals may not accept their peers' definitions of their label. They may accept the label but change its meaning in a positive direction. In order to detect this type of labeling effect, self-concepts in the current study were also classified by the discriminant functions of a subject's own group.

Results

Reliability and validity of the Burke and Tully technique.

Recent research has supported the validity of this technique. Burke and Tully (1977) compared adolescents' self-ratings to ratings of stereotypic boys and girls to assess gender identity. Subjects whose self-ratings were closer to a stereotypic opposite-sex adolescent reported problematic sex role behaviors, had lower self-esteem, and were more likely to misperceive the stereotypic content of gender roles. Chassin, Eason and Young (in press) extended the validation of the technique to the measurement of adolescents' identification with socially assigned deviant labels. They compared institutionalized delinquents' self-ratings with ratings of stereotypic popular teenagers, juvenile delinquents, and emotionally disturbed teenagers. Subjects whose self-ratings were closer to a delinquent label endorsed significantly more items on the MMPI Psychopathic Deviate scale than subjects whose self-ratings were closer to a popular label. Subjects who identified with an emotionally disturbed label had scores between these two groups. Moreover, subjects who "accepted" a deviant label were judged to be behaviorally different types of delinquents than those who "resisted" their label (i.e., those who identified with a popular label). These findings support the validity of the Burke and Tully technique both as a way of assessing role identities in the normal population and as a way of measuring identification with a deviant label.

The current semantic differential instrument was evaluated for concurrent validity by correlating the global Me ratings with the Rosenberg Self-Esteem scale (both at Time 1). Correlations were .47 for the EMR sample and .45 for the control sample (both $p < .001$). Such a positive yet moderate relationship was expected since the Rosenberg self-esteem measure taps the evaluative dimension

of self-concept while the current semantic differential measure of self-labeling taps non-evaluative dimensions as well.

Internal consistency of the current semantic differential was computed using the omega coefficient; (Heise & Borhnstedt, 1970) and was .81 for the EMR group and .64 for the control group. While no short term test re-test data were collected, the global Me ratings were moderately stable from Time 1 to Time 2 (median individual item correlation; .40 for the EMR group, .38 for the control group). Discriminant score correlations were .37 for the EMR group ($p < .006$) and .48 for the control group ($p < .001$). These measures of stability represent only minimal estimates since the 4-5 month period between Times 1 and 2 was a period of active "treatment" (i.e., a semester of mainstreaming) so that some real change would be expected (see e.g., Kaplan, 1980).

Control subjects' perceptions of the labels at Time 1.

Cross-validation analyses revealed that classifying a subject's ratings of the labels by the discriminant functions of the southwestern and midwestern subsamples separately yielded extremely high agreement (94.3% and 92.8% respectively; kappas of .915 and .892 both $p < .0001$, cf. Hubert, 1977). Because of this high agreement and because the regional subsamples did not differ in their ratings of a special education student, the two subsamples were merged into one control group.

Control subjects significantly discriminated among a Popular Teenager, a Juvenile Delinquent, and a Special Education student (discriminant function analyses, first function, canonical correlation = .76; second function, canonical correlation = .72, both $p < .001$, 82% correct classification). Popular teenagers were seen as more good looking and having more friends than either deviant teenager. Special education students were seen as

quieter, more hardworking, and kinder than delinquents. While the control subjects' stereotype of a special education student was generally negative (somewhat weak, having few friends, somewhat afraid, somewhat ugly, somewhat stupid, getting teased, somewhat sad, and somewhat unlucky) it also contained some positive attributes (quiet, kind, hardworking, see Table 1).

There were no significant changes over time in the control subjects' ratings of any of the three labels (MANOVA comparisons with repeated measures). The fact that control subjects did not view special education students more favorably after a semester of mainstreaming suggests that their additional contact with special education students did not affect their stereotypes. A further test of this hypothesis compared the Time 1 perceptions of subjects who reported no previous contact with special education students with those who reported "very much" contact with them. Subjects who reported very much contact with special education students did not rate them any differently than subjects who reported no contact.

EMR students' perceptions of the labels at Time 1.

Since MANOVA comparisons revealed no significant differences between the regional subsamples in their perceptions of the three labels, their data were merged to form one EMR group (N = 59). EMR students also significantly differentiated among the three labels (discriminant function analyses, first function, canonical correlation = .65, $p < .001$; second function, canonical correlation = .37, $p < .05$). Like the control group, the EMR group also rated the Popular Teenager as the most positive of the three labels. However, EMR subjects were significantly different from control subjects in their ratings of all three labels (MANOVA comparisons, all $p < .001$). Compared to control subjects, EMR subjects had a slightly more negative view of a Popular Teenager (having fewer friends, less healthy, less good looking) and

a slightly more positive view of a Juvenile Delinquent (quieter, neater, healthier, but also having fewer friends). The biggest differences between control and EMR subjects was in their view of a Special Education Student. Compared to control subjects, EMR subjects saw the Special Education Student as louder, stronger, having more friends, healthier, braver, better looking, smarter, neater, less likely to get teased, happier, and luckier (F tests, all $p < .001$).[3] There were no significant changes in any of the EMR subjects' stereotypes over the course of the semester (MANOVA with repeated measures).

While the EMR group's definition of a special education student was more positive than the control group's it did not represent a stereotypic "popular teenager." The EMR group's definition of a popular teenager was more positive than their definition of a special education student. Moreover, the EMR groups' definition of a special education student was significantly different from the control group's definition of a popular teenager (MANOVA, Hotelling's $T^2(13, 348) = .58$, $p < .00001$; univariate F tests showing significant differences on 11 of the 13 adjectives. If these stereotypes were placed on a continuum from generally positive to generally negative, the control group's definition of a popular teenager would be the most positive, then the EMR group's definition of a popular teenager, then the EMR group's definition of a special education student. Finally, the control group's definition of a special education student would be the most negative (see Table 1).

Self-labels in relation to control group definitions of the labels.

As discussed earlier, self-ratings were analyzed both in relation to the control group's definitions of the labels and in relation to the definitions of a subject's own group. The first analysis asked whether subjects thought of themselves as similar to "special education students" in their peers' sense of this term. The control group's discriminant functions were used to

classify the self-ratings of all subjects as closest to either a Popular, a Delinquent, or a Special Education Student label[4] (see Table 2).

At Time 1, there were only marginally significant differences between control and EMR subjects in the distribution of their global self-ratings ($\chi^2(4) = 5.7$, $p < .06$) and the two groups of subjects were not different in their ratings of self within the mainstream class. Thus, at Time 1, EMR subjects were not much more likely than control subjects to identify with a special education label. Moreover, for the EMR subjects, there were no significant differences between their ratings of themselves in the mainstream and special education class settings.

At the end of the semester, there were significant differences between the EMR and the control subjects in both their global Me ratings (χ^2 (4) = 15.3, $p < .001$) and their Me in Mainstream Class ratings ($\chi^2(4) = 9.0$, $p < .01$). While the special education students' self-ratings did not change over time, the control group's Me ratings and Me in Mainstream Class ratings significantly changed ($\chi^2(4) = 31.4$ and 14.4 respectively, both $p < .001$). The control group increased in their percentage of popular self-label, and decreased in their percentage of special education student self-labels. Consistent with an improvement in self-labeling, control subjects significantly increased in global self-esteem over the semester (Rosenberg-Simmons scores, paired t-test, $t(259) = 3.4$, $p < .001$).

In summary, this analysis revealed some labeling effects on the self-concepts of EMR students in that they were more likely than controls to see themselves as similar to special education students. However, there were no "de-labeling" effects of attending a mainstream class. EMR students did not see themselves differently in their mainstream and special classes nor did they decrease their perceived similarity to special education students after a semester

in the mainstream class. However, before we conclude that the mainstream class did not affect self-labels, it is necessary to consider self-ratings in relation to the stereotypes of a subject's own group.

Self- labels in relation to the definitions of a subject's own group.

To see whether EMR students identified with their own (more positive) definition of their label, a second self-labeling analysis was performed. This analysis examined self-ratings in relation to the definitions of a subject's own group. The discriminant functions of the control group were used to classify the self-ratings of the control group and the discriminant functions of the EMR group were used to classify the self-ratings of the EMR subjects[4] (see Table 2).

Examining self-ratings in relation to the definitions of a subject's own group showed stronger evidence of labeling effects on the self-ratings of EMR students. Control and EMR subjects were significantly different in their global self-labels at both times of measurement (Time 1, $\chi^2(4) = 13.3$, $p < .01$; Time 2, $\chi^2(4) = 25.7$, $p < .001$). At both times, control subjects had a higher percentage of popular self-labels and EMR subjects had a higher percentage of special education student self-labels. Over the semester, control subjects' global self-ratings showed an increase in popular self-labels and a decrease in special education student self-labels. Global self-ratings of the EMR group did not change over time. Consistent with the lack of change in global self-labels, the EMR group did not change in global self-esteem scores over the semester (Rosenberg-Simmons scores).

Looking at the Me in Mainstream Class ratings, control and EMR subjects did not differ at the beginning of the semester. However, at the end of the semester, EMR and control subjects were significantly different ($\chi^2(4) = 60.5$, $p < .0001$). EMR subjects had a lower percentage of popular self-labels and a higher percentage of special education student self-labels than the control subjects. Both groups

changed somewhat from Time 1 to Time 2. The EMR subjects showed a decrease in popular self-labels and an increase in special education student self-labels ($\chi^2(4) = 12.7$, $p < .01$) while the reverse was true for the control subjects ($\chi^2(4) = 14.3$, $p < .001$). This pattern can be seen in Figure 1. These findings do not support a "de-labeling" effect of the mainstream class. After a semester in the mainstream class, EMR students showed a significant increase in their perceived similarity to a special education student label.

One explanation of this increase in special education student self-labels is that the EMR students are actually emulating the control group's notion of a popular teenager (in that the EMR group's definition of a special education student was generally positive.) However, this explanation can be ruled out by the large significant difference between the EMR group's definition of a special education student and the control group's definition of a popular teenager (see Table 1). Further, this increase in deviant self-labeling could not be attributed to a particular high school. Those subjects who were similar to a special education label at Time 2 ($N = 37$) were distributed over different schools in proportion to the total number of EMR subjects from that school.

In order to examine the content of this self-concept change, subjects' mean self-ratings within the mainstream class are presented in Table 3. The EMR group means showed little change over the semester (MANOVA with repeated measures was not significant). The pattern of group means indicates that the EMR subjects did not simply become more negative in their self-evaluations. Rather, they tended to shift in both positive and negative directions. (Recall also that the EMR group showed no change in global self-esteem on the Rosenberg-Simmons scale). This combination of positive and negative shifts resulted in their Time 2 self-ratings more closely matching their stereotypic special education student.

Recall that the EMR group's Me in Mainstream Class ratings did not show significant changes when these ratings were classified by the control group discriminant functions. This apparent discrepancy can be resolved by noting that the distance in semantic space among the control group's definitions of the three labels was much larger than among the EMR group's definitions (i.e., the control group made bigger distinctions among the labels). Thus, for self-ratings to change categories according to the control group's definitions required a relatively large change in self-ratings. The EMR group's discriminant functions were more sensitive to smaller changes in self-concept.

Finally, the EMR subjects' self-ratings within their mainstream classes were compared with their self-ratings in their special education classes. At the beginning of the semester, there were no significant differences between the EMR subject's ratings of themselves within the mainstream and the special education class settings. However, at the end of the semester, subjects were more likely to see themselves as similar to a special education student in the mainstream class than in the special education class ($\chi^2(4) = 7.0$, $p < .05$). Over the course of the semester, EMR students did not change their perceptions of themselves within the special education class.

Discussion

Control subjects' definitions of a special education student supported the notion that special education students are generally perceived negatively by their nonhandicapped peers. Similar perceptions have been reported in previous research (Guskin, 1963; Willey & McCandless, 1973), and the fact that this stereotype was found in two diverse geographical regions suggests that it has substantial generalizability. The fact that EMR subjects did not share this negative stereotype is also consistent with previous findings (Willey & McCandless, 1973; Chassin, Presson, Young, & Light, in press).

Control subjects' negative perceptions did not improve over a semester of mainstreaming nor with increased reported contact with special education students. This result stands in sharp contrast to Sheare's (1974) finding with ninth graders. The discrepancy between the two studies could reflect differences in the control samples since Sheare's subjects had no previous contact with the handicapped. However, even the current control subsample who reported no previous contact with special education students did not change their stereotypes over the semester. Of course, control subjects may have become more positive in their perceptions of some individual EMR students even though their stereotypes were still negative. However, the bulk of previous research, along with the current findings do not support the notion that contact increases the social acceptance of EMR students (see, e.g., Stager & Young, in press). This suggests that intervention efforts should focus not on contact alone, but on identifying the types of interactions that might increase the social acceptance of EMR students (Corman & Gottlieb, 1978).

The self-ratings of the EMR subjects classified in relation to stereotypic role labels revealed some support for labeling effects, in that EMR subjects more often than controls had "special education student" self-labels. However, as in previous studies, substantial proportions of EMR subjects also rejected their label and rated themselves more like "popular teenagers." Furthermore, EMR students identified with their own (relatively positive) definition of a special education student more often than with their peers' negative definition. These data support earlier findings that adolescents may make several responses to their socially assigned labels including accepting them, rejecting them, or distorting their stereotypic meaning (Chassin, Presson, Young, & Light, in press).

The fact that the EMR students showed changes in their situation-specific

self-labels but not in their global self-labels supports the distinction between these two levels of self-concept. Attending a mainstream class may affect only some specific self-labels while other non-school-related identities may be more important in their effects on global self. Thus, the effects of mainstreaming on self-concept and behavior may be limited to the mainstream class setting.

It is also important to consider some limits on the generalizability of these findings. The current EMR subjects were integrated into mainstream classes for 1 or 2 periods each day. More intensive mainstreaming could produce different findings, although Strang, Smith and Rogers (1978) suggest that full day mainstreaming would be harmful to self-esteem. Further, the current EMR subjects all had prior experience with mainstreaming and only the effects of one semester of additional mainstreaming were considered. While the current study found relatively small changes in EMR students' self-labels in the mainstream class, larger changes might be detected as a result of subjects' initial mainstreaming experiences or as a result of longer intervals of mainstreaming.

The most important prediction of the current study was that the mainstream class would serve to "de-label" EMR students. This prediction was not supported. In fact, in relation to the EMR group's definitions, the number of EMR students who rated themselves as similar to a special education student significantly increased over time within the mainstream class. This increase was not caused by simple negative changes in self-evaluation, and was opposite the movement shown by control subjects within these same mainstream classes. Most important, EMR students at Time 2 actually showed more "special education student" self-labels in their mainstream classes than in their special education classes.

One way to interpret these findings is through social comparison theory, which asserts that individuals judge themselves with respect to a comparison

group of other people in the same situation (Festinger, 1954; Siegal & Siegal, 1957). This theory predicts that within the mainstream class, EMR students will judge themselves with respect to a higher functioning reference group (the non-handicapped students in the class). Compared to this reference group, the EMR students might view themselves as quite deviant while compared to the other EMR students in the special class, they would not see themselves as so deviant. Richer (1976) argued that when stratification is based on IQ, low IQ students will perceive very little possibility of upward movement. Under these conditions, the higher functioning reference group should serve as a comparative rather than a normative group. That is, EMR students will feel inferior and inadequate rather than motivated to emulate their higher functioning peers. An application of social comparison theory to mainstreaming has been empirically supported for the self-esteem dimension of self-concept. Strang, et al (1978) found that mainstreamed academically handicapped students who were instructed to think about their nonhandicapped peers while completing a self-esteem measure had lower self-esteem than subjects who were not given this instruction. The current study suggests that principles of social comparison can be applied to self-labeling as well. That is, "deviant" individuals may be more likely to think of themselves as representatives of a deviant group when they compare themselves to their "normal" peers.

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Footnotes

1. Our original intention was to use the role label "A Mentally Retarded Teenager." The label was changed in response to concerns by the participating schools that the label might be unduly upsetting to some subjects. More importantly, school personnel insisted that the "Special Education Student"label was the term actually used in the school by both students and staff. Thus, the special education student label was considered more socially meaningful than the retarded teenager label. The use of a mentally retarded label has been shown to elicit an image of a severely mentally impaired, multihandicapped child with physical stigmata and a poor prognosis (Hollinger & Jones, 1970; Meyers, 1973; Meyers, Sitkei & Watts, 1966). This image would not be relevant for the EMR students in the current study.
2. Since EMR students completed the questionnaire twice, their definitions of the labels were obtained from whichever class was surveyed first. Ratings from the mainstream and the special class settings were compared and there were no significant differences on any adjectives for any of the three labels.
3. The source of the difference between control and EMR subjects in their perceptions of a special education student is an interesting question in its own right, although it is beyond the scope of this paper. Perhaps EMR students have a more realistic view of a special education student or perhaps they are manifesting some sort of defensive distortion in which they need to view their own group more favorably in order to preserve self-esteem. The difference between control and EMR subjects in their perceptions of a special education student was not an artifact of demographic differences between the two samples since MANOVA comparisons revealed significant main

effects for group membership (EMR vs. control) but not for sex or race. Thus, there are several alternative explanations for a between group difference between EMR and control subjects in their perception of a special education student. The current study does not permit choosing any one explanation. However, it is important to remember that the source of these differences is not relevant to the current self-labeling analyses.

4. Since subjects' definitions of the labels did not change over time (for either the control or the EMR group), their Time 1 definitions were used to classify self-ratings im all analyses (i.e., to classify self-ratings at both Time 1 and Time 2).

Table 1

Time 1 Ratings of "A Popular Teenager" and "A Special Education Student"

	Mean (SD)			
	A Popular Teenager		A Special Education Student	
	EMR	Nonhandicapped	EMR	Nonhandicapped
Variable				
quiet-loud[a]	2.9(1.5)	2.3(1.1)	3.2(1.5)	3.9(1.2)
strong-weak	3.9(1.1)	4.0(1.0)	3.3(1.4)	2.6(1.2)
kind-mean	3.3(1.6)	3.6(1.3)	3.4(1.5)	3.7(1.1)
many friends-few friends	4.2(1.3)	4.7(1.0)	3.3(1.6)	2.3(1.3)
works hard-lazy	3.5(1.6)	3.7(1.2)	3.4(1.4)	3.5(1.3)
healthy-sick	4.2(1.3)	4.5(1.0)	3.8(1.2)	3.0(1.2)
brave-afraid	3.6(1.4)	3.9(1.1)	3.4(1.5)	2.4(1.2)
good-looking-ugly	4.1(1.2)	4.5(1.0)	3.6(1.3)	2.6(1.0)
smart-stupid	3.7(1.5)	4.0(1.0)	3.3(1.3)	2.8(1.1)
neat-sloppy	4.3(1.1)	4.3(1.0)	3.9(1.2)	3.0(1.2)
doesn't get teased-gets teased	3.2(1.6)	3.5(1.4)	2.6(1.5)	1.9(1.2)
happy-sad	4.3(1.1)	4.5(1.0)	3.5(1.4)	2.9(1.3)
lucky-unlucky	4.0(1.3)	4.3(1.0)	3.8(1.2)	2.6(1.2)

[a]The initial term received the high scale score.

Table 2

Percentage of Self-ratings in Each Category for the EMR Group (N=49) and the Control Group (N=273)[a]

	Ratings Classified by Control Group's Definitions				Ratings Classified by EMR Group Definitions	
	Time 1		Time 2		Time 1	Time 2
	Control	EMR	Control	EMR	EMR	EMR
Global Self-concept						
Classified as:						
Popular Teenager	66.6	55.1	80.5	57.1	46.9	53.1
Juvenile Delinquent	5.0	6.1	9.8	14.3	12.2	10.2
Special Education Student	28.5	38.8	9.8	28.6	40.8	36.7
Missing[b]	(13)	(0)	(7)	(0)	(0)	(0)
Me in Mainstream Class						
Classified as:						
Popular Teenager	55.3	52.1	66.5	53.1	45.8	14.3
Juvenile Delinquent	8.8	8.3	12.3	6.1	12.5	10.2
Special Education Student	35.9	39.6	21.2	40.8	41.7	75.5
Missing	(11)	(1)	(4)	(0)	(1)	(0)
Me in Special Class						
Classified as:						
Popular Teenager		58.3		57.1	37.5	36.7
Juvenile Delinquent		8.3		8.2	10.4	12.2
Special Education Student		33.3		37.7	52.1	51.0
Missing		(1)		(0)	(1)	(0)

[a]Only subjects with both Time 1 and Time 2 data are included.

[b]Numbers in parentheses are the numbers of missing cases not included in the percentages.

Table 3

Univariate Group Differences on Time 1 and

Time 2 Ratings of "Me in Mainstream Class"

Variable	Time	Mean (SD)	
		EMR	Nonhandicapped
quiet-loud[a]	***1	3.9 (1.3)	3.1 (1.4)
	***2	4.1 (0.9)	3.2 (1.5)
strong-weak	1	3.8 (1.3)	3.7 (0.9)
	2	3.7 (1.0)	3.6 (1.0)
kind-mean	1	4.0 (1.3)	3.7 (1.1)
	***2	4.2 (1.0)	3.6 (1.1)
many friends - few friends	1	3.6 (1.6)	3.7 (1.3)
	**2	3.6 (1.4)	4.0 (1.2)
works hard - lazy	1	3.8 (1.3)	3.6 (1.2)
	***2	4.1 (1.1)	3.4 (1.2)
healthy-sick	**1	4.0 (1.2)	4.4 (0.9)
	2	4.2 (1.1)	4.4 (0.9)
brave-afraid	1	3.7 (1.3)	3.8 (1.1)
	2	3.9 (1.0)	3.7 (1.0)
good looking-ugly	1	3.8 (1.3)	3.6 (1.0)
	2	3.7 (1.0)	3.7 (0.9)
smart-stupid	*1	3.7 (1.3)	4.0 (0.9)
	2	3.9 (1.0)	3.8 (1.0)
neat sloppy	1	4.0 (1.2)	3.9 (1.0)
	2	4.2 (1.0)	4.1 (0.9)
doesn't get teased - gets teased	1	3.0 (1.6)	3.4 (1.3)
	2	3.2 (1.5)	3.4 (1.2)
happy-sad	1	4.2 (1.0)	4.1 (1.0)
	2	4.0 (1.3)	4.1 (1.0)
lucky-unlucky	1	3.6 (1.4)	3.8 (1.0)
	2	4.0 (1.0)	3.7 (1.0)

[a]The initial terms received the high scale score.

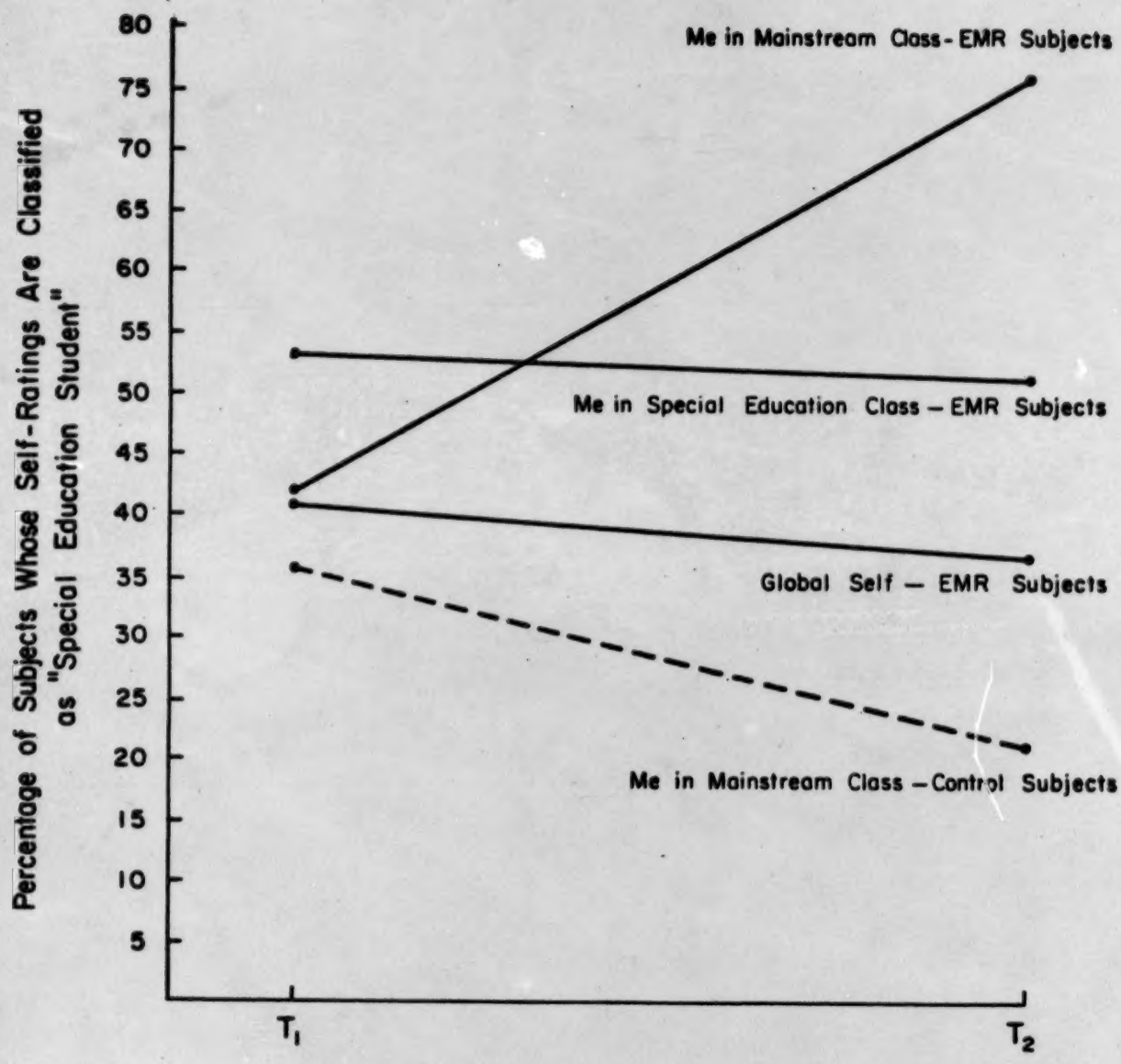
* $p < .05$

** $p < .01$

*** $p < .001$

Figure Captions

Figure 1. Percentage of subjects who saw themselves as similar to a "Special Education Student" according to the definition of their own group.


Percentage of Subjects Whose Self-Ratings Are Classified as "Special Education Student"
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
Me in Mainstream Class - EMR Subjects
Me in Special Education Class – EMR Subjects
Global Self – EMR Subjects
Me in Mainstream Class – Control Subjects
T1
T2